

# TERM VAGINAL DELIVERY IN A PRIMI PROPORTIONATE DWARF WOMAN: A RARE CASE REPORT

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## INTRODUCTION

- ◆ Short stature is an independent risk factor for cesarean delivery, as low maternal height is associated with an increased risk of labor arrest due to cephalopelvic disproportion.
- ◆ Managing pregnancy in women with dwarfism presents unique challenges, including higher cesarean section rates, increased likelihood of preterm birth, potential cardiac and pulmonary abnormalities, difficulties with anesthetic management, and a high risk of fetal skeletal dysplasia.

## OBJECTIVES

1. Understanding the significance of pelvic assessment in dwarf (short stature) women.
2. To reduce the rate of primary Cesarean section in short stature women

## CASE OPERATION PROCEDURE

A 25 year old dwarf woman presented to our outpatient clinic for antenatal visit. She was of proportionate short stature, her height 102cm. She conceived spontaneously. Her husband was also a proportionate short stature dwarf, height 104cm. No family history of short stature. She had no prior history of hypertension or familial hypercholesterolemia or any heart disease. She was counseled regarding the significant risks in pregnancy posed by her proportionate dwarfism, specially limited abdominal size and cardio-respiratory reserve and the risks to the baby. Early pregnancy was non complicated. Anomaly scan was done and the baby was unaffected. Patient had regular ANC check ups. Patient was admitted to the labor room in latent labor with draining PV. Pelvic assessment was done and labor was allowed to progress spontaneously while carefully watching for signs of CPD. The patient delivered by spontaneous vaginal delivery a healthy female term baby of 2.46kg with APGAR score 10/10. Postpartum was uneventful and she was discharged on day 2 of SVD. X ray Pelvis showed a platypelloid pelvis.

## PICTURE



## DISCUSSION

Onset and Progress of labor in a dwarf(short stature) patient is anticipated to be difficult due to higher risk of CPD (small and narrow pelvis) leading to prolonged labor, obstructed labor, Fetal distress and hence leads to increased planned elective Cesarean section rates

## CONCLUSION

- ◆ High risk cases should get Regular ANC check ups in a tertiary care centre for better management
- ◆ A well monitored high risk pregnancy can be taken up to term (helps in improving perinatal and neonatal outcomes) in dwarf (short stature)
- ◆ Adequate monitoring of the progress of labor for a successful Vaginal delivery in dwarf (short stature) women
- ◆ Recognising Pelvic Assessment as a true marker of CPD independent of the stature of the woman

## REFERENCES

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